

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/831243** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	2					
11	1					
12	1					
13						
14						
15						
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	10	↔		↔		↔
TOTAL CLAIMS	12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↔		↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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